

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	FILE NO.	DATE
FEE DETERMINATION	UT	68607	10/7/99
O.I.P.E. CLASSIFIER	RR	70029	10/11/99
FORMALITY REVIEW			10/13/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/2/02
2	✓	✓	10/2/02
3	✓	✓	10/2/02
4	✓	✓	10/2/02
5	✓	✓	10/2/02
6	✓	✓	10/2/02
7	✓	✓	10/2/02
8	✓	✓	10/2/02
9	✓	✓	10/2/02
10	✓	✓	10/2/02
11	✓	✓	10/2/02
12	✓	✓	10/2/02
13	✓	✓	10/2/02
14	✓	✓	10/2/02
15	✓	✓	10/2/02
16	✓	✓	10/2/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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